

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			086199
FORMALITY REVIEW		DM	7.15.99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	1	6/28/92
2	2	2	11/14/92
3	3	3	4/4/93
4	4	4	9/30/93
5	5	5	5/13/94
6	6	6	2/2/95
7	7	7	12/1/95
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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